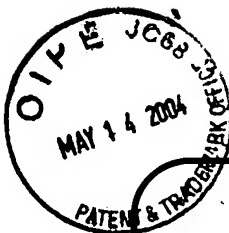


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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|----------------------|
| Application Number | 10/698,080 |
| Filing Date | October 29, 2003 |
| First Named Inventor | ROBINSON, Cynthia B. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 02486.0070.NPUS01 |

To: Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

The reason for this request is: Current counsel (Albert P. Halluin) is relocating to Wilson Sonsini Goodrich & Rosati, PC. Please direct all future correspondence to Mr. Halluin's attention at the address below.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

Place Customer Number
Bar Code Label here

OR

| | | | | | |
|---|--|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual name | Wilson Sonsini Goodrich & Rosati, PC (Attn: Albert P. Halluin) | | | | |
| Address | 650 Page Mill Road | | | | |
| City | Palo Alto | State | CA | ZIP | 94304-1050 |
| Country | USA | | | | |
| Telephone | 650-493-9300 | Fax | 650-493-6811 | | |
| <input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record, <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input checked="" type="checkbox"/> the attorneys/agents associated with Customer Number <u>27194</u> This request is enclosed in triplicate (including any attachments). | | | | | |
| Name | Robin C. Chiang, Reg. No. 46,619 | | | | |
| Signature | | | | | |
| Date | May 14, 2004 | | | | |

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.